

**APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY**

To be submitted at least 21 days prior to operation

**DATE SUBMITTED:** \_\_\_\_\_

**MUST CHECK ONE:**

New establishment under construction \_\_\_\_\_ **OR**

Existing facility – presently operating \_\_\_\_\_

Formerly named \_\_\_\_\_

**NOTE:** The required opening inspection will not be conducted until Certificates of Insurance for both Workers' Compensation and Disability Insurance or Workers' Compensation Exemption Form CE-200 and fee have been submitted.

BUSINESS NAME			
BUSINESS ADDRESS			
BUSINESS PHONE NUMBER			
OWNER			
OWNER'S ADDRESS			
OWNER'S PHONE NUMBER			
OWNER'S EMAIL ADDRESS			
FACILITY TYPE (please circle)	Tanning Only	Salon/Spa	Fitness Other
OPENING DATE			
ULTRAVIOLET RADIATION DEVICES – TANNING BEDS AND BOOTHS	TOTAL UV DEVICES		
FEE - <b>\$200.00</b> per ultraviolet devices <b>\$5.00</b> /month registration fee	\$ _____	Please enclose check or money order payable to the ONONDAGA COUNTY HEALTH DEPARTMENT	

IF APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE FACILITY DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 72 OF THE NEW YORK STATE SANITARY CODE.

PLEASE NOTE: All permits expire **December 31** of the following year.

TITLE	SIGNATURE
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PRINT NAME \_\_\_\_\_

**For official use only**

INSPECTOR \_\_\_\_\_

TOWN \_\_\_\_\_

RISK \_\_\_\_\_

STIPULATIONS \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

DIVISION OF ENVIRONMENTAL HEALTH  
 ONONDAGA COUNTY HEALTH DEPARTMENT  
 421 Montgomery Street, 12<sup>th</sup> floor  
 Syracuse, New York 13202  
 Telephone 315-435-1649 Fax 315-435-1651  
<mailto:heidimason@ongov.net>



**ongovhealth**  
**Onondaga County Health Department**  
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# Onondaga County Health Department

J. Ryan McMahon II, County Executive  
Indu Gupta, MD, MPH, Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health  
Lisa Letteney, Director

Bureau of Environmental Risk Assessment  
Phone (315) 435-1649  
Fax (315) 435-1651

## NOTICE TO PERMIT APPLICANTS

As required by the New York State Worker's Compensation Law the Onondaga County Health Department requires proof of Worker's Compensation and Disability Insurance coverage or Exemption Form CE-200 to be submitted prior to the issuance of operating permits.

Acceptable documentation for Worker's Compensation coverage is one of the following:

- Form C-105.2 – Certificate issued by applicant's insurance carrier
- Form U-26.3 – Certificate issued by the State Insurance Fund
- Form SI-12 – Certificate of Self-Insurance
- Form GSI-105.2 – Certificate of participation in Group Self-Insurance

Acceptable documentation for Disability Insurance coverage is one of the following:

- Form DB-120.1 – Certificate issued by applicant's insurance carrier
- Form DB-155 – Certificate of Self-Insurance

Proof of Exemption for Workers' Compensation and/or Disability Insurance is:

- Form CE-200 – Certificate of Attestation of Exemption

*Please note that these forms are not the notices that you have posted at your facility. The above forms are provided by New York State and can only be completed and issued by your insurance carrier. Your insurance carrier can fax the completed forms directly to us at (315) 435-1651 or you may include them with your completed renewal application. We are not allowed to accept any other documentation other than the forms listed above.*

Information concerning Worker's Compensation Insurance and exemptions can be obtained by contacting your local Worker's Compensation Board office (in Syracuse 1-866-298-7830) or by visiting the Internet site <http://www.wcb.ny.gov/>. Please note that Exemption Certificate Form CE-200 is to be completed and printed using this site (The link to Form CE-200 is on the right hand side of the website home page.)

Please contact this office at 435-1649 if you have questions.